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\*\* CONTINUING DATA \*\*\*\*\* *JD* \*\*\*\*\*

NONE

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *OK JD* \*\*\*\*\*

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR  COUNTRY SWEDEN	SHEETS  DRAWING 2	TOTAL  CLAIMS 80	INDEPENDENT  CLAIMS 10
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>JD</i> Examiner's Signature	Initials		

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## TITLE

Medical device

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of
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